

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9	1					
10						
11						
12						
13						
14						
15						
16						
17	1					
18						
19						
20						
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28						
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35						
36						
37			1			
38						
39						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	2	↔	↔	↔		
TOTAL CLAIMS	4					

	IND		DEP		IND	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS						